



Privacy Act Release Form

The Privacy Act of 1974 prohibits the disclosure of personal information without that individual's consent. In order to open a case on your behalf please complete this form and return it to my Congressional District Office. Please include copies of any relevant documents.

Title: _____ First Name: _____ Last Name: _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Other Phone: _____
E-mail: _____

Social Security Number: _____ Date of Birth: _____
Alien Registration Number: _____
Veteran's Claim Number: _____
Military I.D. Number: _____
Branch of Service: _____ Dates of Service: _____
Other case or claim number(s): _____

Briefly explain your problem or the information you are requesting:

I agree to allow Congresswoman Tammy Duckworth to access any records relating to the problem described above.

Signature: _____ Date: _____

Please return this signed form by mail, fax or email to:

Office of Congresswoman Tammy Duckworth
1701 E. Woodfield Rd., Ste. 900
Schaumburg, IL 60173
Fax: 847-413-1965
Email: DOInfo.Tammy@mail.house.gov

For questions, please call the district office at 847-413-1959. Thank you.